MRI FACILITY QUALITY CONTROL VISUAL CHECKLIST

MR Facility Name _____ **MR Scanner Identifier** _____

		Date																											
Patient Transport & Magnet	Bed position and other lights																												
	Alignment light																												
	High tension cable/other cables																												
	Horizontal smoothness of motion and stability																												
	Vertical motion smoothness and stability																												
Filming and Viewing	Laser Camera (cables, cassettes, lights)																												
	Light Boxes (improper function)																												
RF Integrity and Control Room	RF door contacts																												
	RF window-screen integrity																												
	Operator console switches/lights/meters																												
	Patient monitors																												
	Patient intercom																												
	Room temperature/Room humidity																												
Facility Safety	Emergency cart																												
	Safety warning signage																												
	Door indicator switch (if installed)																												
	Cryogen level indicator																												
	Oxygen monitor																												
	Pass = ✓ Fail = F Does not apply = NA	Technologist's Initials																											

Reviewed by: _____ _____

Qualified Medical Physicist/MRI Scientist — Date of Review